


01-R -1360

Entered – 9-6-00- sb
CL – 00L0544 - ALEXIS HOLMES

CLAIM OF: **BETTYE JEAN GREEN**
230 Wellington Street, SW
Atlanta, Georgia 30314

For damages alleged to have been sustained as a result of City workers removing a stove from her property on July 19, 2000 at 230 Wellington Street, SW.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0544

Date: 8/13/01

Claimant /Victim BETTYE JEAN GREEN

BY: (Atty) _____

Address: 230 Wellington Street, SW Atlanta, Georgia 30314

Subrogation: _____ Claim for Property damage \$ 300.00 Bodily Injury \$ _____

Date of Notice: 8/24/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 7/19/00 Place: 230 Wellington Street, SW

Department Public Works Division: Solid Waste

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained damages to her property when City workers removed a stove from her yard during a trash pick up without her permission. However, a City of Atlanta departmental report states that when the sanitation crews who were working in the claimant's area was questioned about the incident, none of them remembered picking up the claimant's stove.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-14-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

Holmes
04/05/00
08/14/00

Dear Municipal Clerk:

08-24-00P05:18 RCVD
ENTERED -- 9-6-00 - SB
00L0544 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 300.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 7/19/2000 (month/day/year) 2. Time of Incident: 2:30 PM 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): 230 Wellington St S.W.
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: City worker remove my stone out of my yard without permission. Was not on the street for trash pick-up. Thank-you

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Betty Jean Green
Signature of Claimant

Betty Jean Green
(Print Claimant's Name)

230 Wellington St S.W.
(Address)

ATLANTA GA
(City, State and Zip Code)

01-R-1360

404-755-9271
(Work Number) (Home Number)